origin of the abscess is not discernible as the ears were normal. The slight bronchitis may have been the starting point. The few localizing symptoms during life were the persistent lying on the right side and the right-sided convulsion. There was no nystagmus or tendency to fall to one side more than another.

The Oculo-cardiac Reflex.—Gunson (*Brit. Jour. Child. Dis.*, 1915, xii, 97) gives the history of the investigations into the oculo-cardiac reflex and his observations of it in observations with the polygraph in cases of diphtheria and scarlet fever in children under twelve years of age. Observations made by Mackenzie on cases of acute rheumatism were similar to those made by Gunson. This reflex consists of a reflex change in the rate of the heart and often in the rhythm following ocular compression. The path of the reflex is supposed to be along the fifth cranial nerve, medulla and vagus or sometimes the sympathetic. It produces the same cardiac changes as vagus pressure in the neck. When there is no slowing, or actual quickening of the pulse the result is negative. The reflex is positive in normal persons. It is positive in 92 per cent. of children convalescent from diphtheria and scarlet fever. In 8 per cent. the reflex is negative. These are highly nervous cases. In cases of so-called cardiac paralysis the reflex is negative. In cases that recovered the reflex became positive when the heart returned to normal. Among the cardiac results obtained in positive reflexes were, slowing of the whole pulse with stoppage of the heart in some cases as long as four seconds; production of premature contractions, reduction of the a–c interval and in diphtheria cases only complete dissociation of auricles and ventricles. The oculo-cardiac reflex is apparently of no diagnostic importance unless in confirming the nervous origin of postfebrile bradycardias. Gunson claims it does not differentiate cardiac failure from myocardial lesions from that due to nervous lesions since this would presume the independence of the muscular and nervous functions of the heart.

Rupture of the Heart in a Child.—Anderson (*Lancet*, 1915, clxxxviii, 647) reports a case of rupture of the heart in a girl five years old and apparently in fair if not good health. A hematoma was found in the left ventricular wall. The cavity was filled with blood and it had ruptured externally into the pericardium. There was an extensive rupture across the inner portion of the posterior wall of the chamber and the torn area almost encircled the ventricle. There was a stenosis of the lumen of both coronary arteries and the left one was obliterated at the seat of rupture. The lymphoid tissue throughout the body was increased in amount and the liver was large and waxy in appearance. Microscopically there was shown increased fibroid tissue through the heart muscle and liver. There was thickening of the vessel walls of the heart with frequent thrombosis. While the explanation of this condition may be that of thrombosis and abnormal development of the coronary arteries, or to necrosis of the heart wall from infarction, still the probable cause, primarily, was a syphilitic endarteritis. Inherited syphilis is a frequent cause of congenital heart disease. The work of Warthin has shown the heart to be a favorite lodging place for the Spirocheta pallida, even when they were not demonstrable everywhere else in the body and that a large percentage of congenital cardiac conditions are due to this cause and lead subsequently to arteriosclerosis. In the present case a few spirochetæ were found in the heart muscle, and many in the kidney, so that with the evidences of syphilitic processes in other parts of the body the cardiac findings can be interpreted as congenital syphilitic disease.

OBSTETRICS

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

Icterus in the Newborn as an Infectious Disease.—PFÄLTZER (*Ztschr. f. Geburtsh. u. Gynäk.*, 1915, Band lxxvi, Heft 3) reviews the reports of cases by Schmorl, Beneke, and Esch, and adds a case under his observation in the clinic at Halle. The child was the fourth of a healthy mother, whose second child was stillborn, the two others living and vigorous. There was nothing abnormal about the pregnancy, labor was spontaneous, the child was born living and cried vigorously. The effort was made to have the child nurse, and as the mother's supply was insufficient the bottle was given, but was not well taken. The child was finally fed with a spoon. On the second day after birth well-marked icterus developed. The child was apathetic and moved but little, the temperature rose at evening to 103°, and at the end of the night the child died. At autopsy, the color of the skin was both icteric and cyanotic. The toes and fingers were drawn in convulsively. The stump of umbilical cord was dry, but the tissues about the umbilicus were infiltrated. Both legs were slightly edematous. There was ecchemosis of the conjunctiva. The ears, nose and mouth showed nothing abnormal. The abdomen was soft and not especially large. The fatty tissue was not in excess, the muscular tissue dry, pale, and icteric. In the region of the umbilicus on the inner aspect there was edema; no suppuration was present, and the vein and arteries were normal. The situation of the abdominal organs was normal, and in the region of the head and face there was bleeding into the substance of both temporal muscles. In the longitudinal sinus there was dark fluid blood but none beneath the dura. At the base of the brain there was a peculiar grayish-yellow color, which became deeper in some portions. There was no especially jaundiced color in the convolution of the brain or the medulla, but some other portions were markedly jaundiced. This was especially true in the region of the optic thalamus. The same was true of the medulla oblongata. The hypophysis in its nerve fibers was a deep yellow in color. In the pericardium there was bile-stained fluid. About the tongue the tissues were jaundiced, and there were patches of necrosis on the tongue, esophagus and larynx, deeply colored. The yellow exudate simulated somewhat a diphtheritic